

Department of Public Safety  
Division of State Police

DPS-90-C (Rev. 04/03)

## CRIMINAL INFORMATION SUMMARY

☐ ADDITIONAL PAGES

TROOP / UNIT: A-New Fairfield RTO		OTHER INVOLVED AGENCY: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES,	
DATE: 06/04/04	TIME: 1736	INVESTIGATING TROOPER / OFFICER: Trooper Valentin #483	DPS CASE NUMBER: DPS04027917
LOCATION OF INCIDENT (STREET NAME AND CITY/TOWN ONLY): 8 Bigelow Road New Fairfield CT			
SUMMARY OF INCIDENT OR AFFIDAVIT: <input type="checkbox"/> ARREST MADE <input checked="" type="checkbox"/> UNDER INVESTIGATION The victim returned home and found a suspicious item in her driveway. <i>THE ITEM WAS REMOVED AND WILL BE ANALYZED FOR ITS CONTENTS. UNDER INVESTIGATION.</i>			
VICTIM: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input checked="" type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY) 8 Bigelow Road New Fairfield CT		JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO AGE: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)		JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO AGE: <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME / BUSINESS / AGENCY: <input type="checkbox"/> M <input type="checkbox"/> F	ADDRESS: (TOWN/CITY&STATE ONLY)		JUVENILE: <input type="checkbox"/> YES <input type="checkbox"/> NO AGE: <input type="checkbox"/> YES <input type="checkbox"/> NO
ARRESTED: (DO NOT IDENTIFY ANY JUVENILE BY NAME OR ADDRESS - IF JUVENILE, WRITE "JUVENILE" IN THE NAME FIELD & "AGE" IN DOB FIELD)			
NAME: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	ADDRESS:	
CHARGES: 1. 2. 3. 4.	COURT: GA: TOWN: DATE:	BOND: <input type="checkbox"/> CASH <input type="checkbox"/> SURETY <input type="checkbox"/> NON-SURETY <input type="checkbox"/> WPTA AMOUNT \$: <input type="checkbox"/> TO BE PRESENTED AT COURT <input type="checkbox"/> TRANS TO DEPT OF CORRECTIONS @:	INJURED: <input type="checkbox"/> YES <input type="checkbox"/> NO AMBULANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO HOSPITAL:
NAME: <input type="checkbox"/> M <input type="checkbox"/> F	DOB:	ADDRESS:	
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SUPERVISOR'S APPROVAL REQUIRED: INITIALS: ID #: DATE:			
THIS INFORMATION IS BEING RELEASED TO THE PUBLIC IN COMPLIANCE WITH THE FREEDOM OF INFORMATION LAWS. FOR ADDITIONAL INFORMATION ON MAJOR CRIMES OR ARRESTS, CONTACT THE CONNECTICUT STATE POLICE PUBLIC INFORMATION OFFICE. PHONE: 860-685-8230 FAX: 860-685-8301 TO BE			